REQUEST FOR CAMPING PERMIT

Name:_____Phone

APPLICANT

No.(_)					
Address Code:	5 :	City:	State:	Zip		
ОТНЕН	R CAMPERS					
Name: Name:						
Name: Name:						
Name: Name:						
TENTS	:					
	of Tents:	Approximate	size of			
camp gr	AMPERS MUST HAVE To counds are not to be used for to feet of pavilions and restro	sleeping purpo		_		
SELEC	TION OF SITE					
campers	ndicate your preferred camps are allowed only at designa- ed to camp seven (7) days at a r long period.	ted campsites r	narked with an aste	risk (*). You are		
(X)	Example _January 1, 2,	&3 , 2000				
()	Haena		(38 m	iles from		
Lihue)	(Closed on Mondays)					
()	Hanalei		(30 m:	iles from		
Lihue)	(Fridays, Saturdays, a	nd Holidays	Only)			
() Lihue)	Anahola		(17 m:	iles from		
	(Closed on Thursdays)					
() Lihue)	Anini		(25 m	iles from		
	(Closed on Tuesdays)					
()	Hanamaulu (Closed on Wednesdays)		(3 mi	les from Lihue)		
() Lihue)	Salt Pond		(18 m:	iles from		
	(closed on Tuesdays)					
() Lihue)	Lucy Wright		(25 m	iles from		
	(closed on Mondays)					

Note: Campsites will be open on all Holidays.